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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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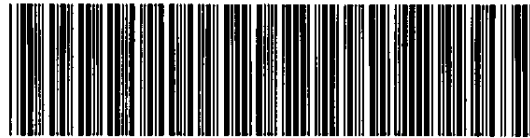
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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(Cover Letter)

Marilyn McInnis
10151 SW 189th Ct
Dunnellon, Fla 34432
Tel: 352-489-8364

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MTM Global Enterprises, LLC

(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Marilyn McInnis

(Name of Person)

(Firm/Company)

10151 SW 189th Ct.

(Address)

Dunnellon, FL 34432

(City/State and Zip Code)

For further information concerning this matter, please call:

Marilyn McInnis

(Name of Person)

at (352) 489-8364

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

\$25.00 Filing Fee and Certificate of Dissolution

— \$55.00 Filing Fee, Certificate of Dissolution &
Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is
MTM Global Enterprises, LLC

2. The Articles of Organization were filed on 7/1/2014 and assigned
document number L13000178515

3. The delayed effective date the dissolution if not effective on the date of filing: 8/01/2014
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

1. Limited funds
2. Lack of Suppliers (Shippers) with Product
3. after great expense totally mis-informed
and disillusioned

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: Marilyn McInnis

10151 SW 189th Ct.; Dunnellon, FL 34432

6. Signature of an authorized person or if there are no members, the signature of the person appointed and listed above to wind up the company's activities and affairs:

Marilyn G. McInnis
Signature

Marilyn McInnis

Printed Name

FILING FEE: \$25.00

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